

Harriman State Park of Idaho Horseback Riding Concession

Bidder's Proposal and Qualifications Statement

The applicant's proposal should be submitted in such detail so as to facilitate a comprehensive analysis. All data (summarized below) must be submitted on the attached forms, with the exception that additional sheets with identical information will be accepted. In the event that the bidder chooses to provide additional sheets of information, the Idaho Department of Parks and Recreation may reject the proposal if, in the opinion of the review board, the additional sheets of information fail to provide the requested data.

Proposals will include:

1. Personal Data
2. Employment History and Experience
3. Proposed Management Structure
4. Proposed Concession Operation
5. Proposed Financial Arrangements
6. Personal and Corporate Credit References
7. Equal Opportunity Statement.

Note: This document is available in hardcopy form and electronic format as a Microsoft Word document.

1. PERSONAL DATA

Name of Applicant: _____

Present Address			
Street/City/State/Zip	Dates From/To	Own/Rent	If Rent, name and address of landlord
Previous Address(es), if at present address less than 5 years			
Street/City/State/Zip	Dates From/To	Own/Rent	If Rent, name and address of landlord

--	--	--	--

Applicant's Phone Number:

Business []

Home: []

2. EMPLOYMENT HISTORY AND EXPERIENCE

List employment information for at least 5 years, beginning with present employment.

Name & Address of Employer or Business:		
Telephone Number:		
Exact Title of Position: Indicate if self-employed		
Dates of Employment:	From:	To:
Description of duties and Responsibilities:		
Salary or Earnings	Starting \$ per	Ending \$ per
How many people do you employ or supervise?		

Name & Address of Employer or Business:		
Telephone Number:		
Exact Title of Position: Indicate if self-employed		
Dates of Employment:	From:	To:

Description of duties and Responsibilities:		
Salary or Earnings	Starting \$ per	Ending \$ per
How many people do you employ or supervise?		

Name & Address of Employer or Business:		
Telephone Number:		
Exact Title of Position: Indicate if self-employed		
Dates of Employment:	From:	To:
Description of duties and Responsibilities:		
Salary or Earnings	Starting \$ per	Ending \$ per
How many people do you employ or supervise?		

Name & Address of Employer or Business:		
Telephone Number:		
Exact Title of Position: Indicate if self-employed		
Dates of Employment:	From:	To:
Description of duties and Responsibilities:		
Salary or Earnings	Starting \$ per	Ending \$ per
How many people do you employ or supervise?		

Managerial Qualifications

A. Are you familiar with the business of operating concessions and services such as those you propose to operate in Harriman State Park of Idaho?

YES____ NO____

B. Please describe your experience with this or with similar types of operations

C. If your previous experience is not in conjunction with the operation of a similar type of concession, state why you believe you are competent to operate such a concession.

D. Have you physically examined the site of the concession?

YES____ NO____

E. Are you familiar with federal, state, and local laws covering the type of operations contemplated?

YES____ NO____

F. If you plan to place the operation of this concession under a legal representative, give representative's name, address and phone number.

Name:

Address:

Phone Number:

G. If you are using a representative, please state representative's previous experience in this type of operation.

H. Please list three references, regarding the experience of your representative in this type of operation

Name:

Address:

Phone Number

Name:

Address:

Phone Number

Name:

Address:

Phone Number

3. PROPOSED MANAGEMENT STRUCTURE

A. What form of business organization is proposed for the operation of this concession:

<input type="checkbox"/> Proposed Corporation	<input type="checkbox"/> Existing Corporation
<input type="checkbox"/> Proposed Partnership	<input type="checkbox"/> Existing Partnership
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other (specify)_____

B. Will this organization be owned or controlled by a parent company?

(A parent company is defined as one that either owns or controls the activities and basic business policies of the applicant. To own another company means the parent company must own at least a majority (more than 50%) of the voting rights in the company. To control another company, such ownership is not required; if another company is able to formulate, determine, or veto basic business policy decisions of the applicant; such other company is considered the parent company of the applicant. The control may be exercised through the use of dominant majority voting rights, use of proxy voting, contractual arrangement, or otherwise.)

YES___ NO___

If the answer to question B is "YES", insert in the space below the name of the company, chief operating officer, and main office of the parent company.

Name:

Address:

Phone Number:

C. If the organization is to be a proposed or existing corporation, state where incorporated or will be incorporated, _____, and list the names and addresses of principal or proposed stockholders, number of shares held by each, and total capital investment made or to be made by each:

Name & Address	No Shares	Total Capital Investment

List the names, addresses, and titles of existing or proposed corporate officers.

Name & Address	Title

D. If the organization is to be a proposed or existing partnership, list the name and addresses of all partners and the amount of equity capital pledged by each:

Name & Address	Amount

E. If the organization is to be a sole proprietorship, list the amount of equity capital pledged:

\$_____

F. Where will the main office of the organization be located:

___On Site ___Other

If other, give full address:

G. The following attachments must be provided if the organization is to be:

A Proposed Corporation

- a. Proposed articles of incorporation and by-laws
- b. Proposed organizational chart

An Existing Corporation

- a. Articles of incorporation and by-laws
- b. Organizational chart
- c. Furnish latest financial statement available

A Proposed Partnership

- a. Proposed partnership agreement

A Partnership

- a. Partnership agreement
- b. Furnish latest financial statement available

Owned or Controlled by a Parent Company

- a. Furnish a copy of parent company's latest financial statement available

4. PROPOSED CONCESSION OPERATION

- A. Please provide a statement that gives a comprehensive description of your proposed concession operation.

B. How will your proposal meet the following objectives?

1. IDPR seeks to enhance the recreational and educational experience of visitors to Harriman State Park by providing guided horseback rides for families and groups offered at varying times and of varying lengths. Such an operation might also include wagon rides, Dutch oven cookouts or other related services.

2. IDPR seeks a concession operator who will place the highest priority on visitor safety and experience, the appropriate use and safety of livestock, and diligence in the protection and wise use of park resources.

3. IDPR seeks a concession operator who will work to develop a strong cooperative working relationship with Harriman State Park staff in order to achieve mutually beneficial goals and

represent themselves professionally as associates of Harriman State Park and the Idaho Department of Parks and Recreation.

C. The concession operator will be responsible for all utility costs and the costs of day-to-day maintenance in the concession area. Do you accept this responsibility?

YES___ NO___

D. Idaho State Park and Recreation Board Policy specifies a standard term of ten years for concession agreements but allows for longer terms in situations where there is substantial investment by the concessionaire. Do you have any comments about the term of this agreement under your proposal? What is the shortest contract term you will accept?

E. Operating Information

1. Length of Season (months) _____
2. Approximate dates of operation _____ through _____
3. Hours of operation: _____
4. Do you (signer of offer) plan to personally supervise the operation?

YES___ No___

5. Will there be a person serving as manager?

YES___ No___

6. If "YES" to #5, indicate or attach the areas of responsibilities and the extent of authority giving the name, address, and experience in this type of operation
7. Indicate the number of employees (indicate the number that you project to be seasonal, permanent, or full-time) estimated to be hired and project wage schedule.
8. What amounts of insurance coverage for public and employee liability, fire, and other risks will you provide?

Liability: \$

Proposed Insurance Carrier:

Approximate Cost: \$

9. Please provide a statement regarding safety and sanitation programs, inspections, including any plans for training in these areas, both formal and on-the-job.
10. All applicants must attach a detailed outline of a maintenance program to be developed to provide proper maintenance of all equipment, buildings, trails, and grounds of the concession area.

5. PROPOSED FINANCIAL ARRANGEMENTS

- A. Attach projected income and cash flow statements for THREE (3) years, including accompanying schedules of sales (by category), cost of sales (by category), general, selling, and administrative expenses. The assumptions on which the projections are based must be explained.

- B. What is your estimate of the cost of financing the proposed operation?

Existing buildings and structures	\$
Maintenance or rehabilitation costs	\$
Equipment/Livestock	\$
Inventory	\$
Working Capital (other than inventory)	\$
TOTAL COST	\$

- C. How do you plan to finance the proposed operation?

Equity Capital	\$
Debt	\$

Describe source of equity: e.g. withdrawal of \$50,00 from savings, \$25,000 proceeds from sale of equipment, etc

If debt financing is proposed please provide the name and address of the lending institution:

Name:	
Address:	
City / State / ZIP	
Contact Person / Phone:	
Amount:	
What Commitment do you have?	
Interest Rate:	
Term of Loan:	
Payback Provisions:	
Attach letter of intent from lender and /or proposed agreement	

D. Please describe in detail what payments in cash and/or in-kind services you propose to make to the State of Idaho.

6. PERSONAL AND CORPORATE CREDIT REFERENCES

Personal References. List three persons who are not related to you and have definite knowledge of your qualifications and fitness for the concession opportunity for which you are applying. Do not repeat names of employers or corporate officers.

Full Name / Phone #	Present business or home address	Business or Occupation

Credit References: List three creditors with whom you have had accounts during the past three years. Attach letters of reference from each person listed.

Full Name / Phone #	Present business or home address	Business or Occupation

7. EQUAL OPPORTUNITY STATEMENT

This is to notify you that, in the event you are granted a concession lease with the Idaho Department of Parks and Recreation, you will be required to comply with all state and federal laws regarding Equal Employment Opportunity and Fair Employment Practices.

Name of Applicant

Signed By

Title

Date